

File/Case No. WP21379US

Initials/Date: MA/3-31-05

Patent Trademark

Serial No. 10/620,217

Applicant Ziegler

General Appt. of Representative

Sequence Listing Comp. Read

Cert. Copy of Priority Document

English Translation

Specimen(s) #

Return Receipt Postcard

Application # of pages

Dep. Acct. Fee of \$

sheets of drawings

Declaration & Power of Attorney

Assignment & Recordation Cover Sheet

IDS/1449/Refs

Transmittal Form/PTO Form

Fee Transmittal/PTO Form

Amendment/Response to Office Action

Preliminary Amendment

Request for Extension of Time

Response to Missing Parts/Copy of Notice

Statement to Support Filing of Sequence Listing

Claims Listing

EV42106802US

RECEIPT OF THE ATTACHED IS HEREBY ACKNOWLEDGED

Best Available Copy

Customer #: 23690



Michele Wilson
Roche Diagnostics Operations, Inc.
9115 Hague Road, Bldg. D
Indianapolis, IN 46250



EV 421106802 US



EV 421106802 US

ORIGIN (POSTAL USE ONLY)

PO ZIP Code <i>46250</i>	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input checked="" type="checkbox"/>	
Date In <i>3/31/05</i>	Mo. Day Year <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage <i>\$ 13.61</i>	
Time In <i>4:15</i>	Military <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Return Receipt Fee <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	
Weight <i>7.2 lbs.</i>	Int'l Alpha Country Code <i>US</i>	COD Fee <input type="checkbox"/>	Insurance Fee <input type="checkbox"/>
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials <i>CP</i>	Total Postage & Fees <i>\$ 13.61</i>	

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

FESVILLE, NC

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Employee Sign</i>
Delivery Attempt	Time	<i>MAR 31 2005</i>
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Employee Sign</i>
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Employee Sign</i>

WAIVER OF SIGNATURE (Domestic Only) Addressing merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY Weekend Holiday

Customer Signature

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE *(317) 521-7314*

Michele Wilson

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